

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

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STD. 262 (REV. 12/93)

CLAIMANT'S NAME Sandra Perez	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT DEPARTMENT OF MANAGED HEALTH CARE
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POSITION Director	CB/ID NO. M01	DIVISION OR BUREAU Office of the Patient Advocate	INDEX NUMBER 6000
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RESIDENCE ADDRESS* [REDACTED]	HEADQUARTERS ADDRESS 980 - 9th Street, Suite 500	TELEPHONE NUMBER (916) 324-6407
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CITY Sacramento	STATE CA	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814
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(1) MONTH / YEAR	(2)	(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
DATE	TIME			Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
											Miles	Amount		

20-May	5:30 am 8:15 am	Sacramento - Burbank		6.00					PC, A		15	8.25		\$14.25
	3:05 pm 5:30 pm	Burbank - Sacramento							A, PC	9.00	15	8.25		\$17.25
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			0.00	6.00	0.00	0.00	0.00	0.00		9.00	30	16.50	0.00	\$31.50
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	31.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5/20/09 - PURPOSE: Attended the California Association of Health Plans (CAHP) Meeting. (Airport Parking: \$9.00/day)	(12) NORMAL WORK HOURS 0800 - 1700		
	(13) PRIVATE VEHICLE LICENSE # 4GNH186		
	(14) MILEAGE RATE CLAIMED 0.550		
(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK #		
CLAIMANT'S SIGNATURE >>	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT >>	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)			DATE
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